

STUDY ON UNDERGRADUATE MEDICAL STUDENTS ATTITUDE TOWARDS LEARNING COMMUNICATION-SKILLS IN GUNTUR MEDICAL COLLEGE

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ABSTRACT

Good communication- skills has a vital role in improving the doctor-patient relationship and leads to improved patient compliance, satisfaction with care and benefits to physical and mental health of patients⁽¹⁾. WHO has defined five attributes for a physician: a caregiver who assesses and improves the quality of care, who makes optimal use of new technologies, who promotes healthy lifestyles, who reconciles individual and community health requirements and who is able to work efficiently in teams⁽²⁾.

Attitudes has three main components, affective (the way we feel), cognitive (the way we think) and behavioural (the way we act) towards a particular entity⁽³⁾. There is an increasing need for instruments to monitor changes in specific components of attitudes among students in medical school. This is important because differences in attitudes may be due to differences in teaching methods and or school curricula⁽⁴⁾.

Many medical schools all over the globe have incorporated communication skills into their curricula⁽⁵⁾. Assessing the attitudes of medical students towards communication skills is essential, since negative attitudes can give rise to lack of interest in such programs. Such assessment can serve to help educators devise more effective plans.

KEYWORDS: Study on Undergraduate Medical Students, vital role in Improving the Doctor-patient Relationship and Leads to Improved Patient Compliance

INTRODUCTION

Aims & Objectives

This study aimed at assessing the attitudes of medical students towards learning communication skills among under-graduate medical students.

METHOD

This cross-sectional study was conducted among third semester medical students who were present for the theory class of community medicine. Students who were absent for the class were excluded from the study.

Assessment Instrument and Scoring

The communication skills attitude scale (CSAS) was used to collect information regarding student attitudes about communication skills training⁽⁶⁾ which consists of 26 items. Responses are given on a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The positive attitude scale (PAS) score was obtained by adding the scores of

items 4, 5, 7, 9, 10, 12, 14,16, 18, 21,22 23 and 25. The negative attitude scale (NAS) score was obtained by adding the scores of items 1,2, 3, 6, 8, 11, 13, 15, 17, 19, 20, 24 and 26.Both the scales range from 13 to 65 with higher scores indicating stronger positive or negative attitudes.

Demographic Details

Information about age of the students, gender, occupation of parents, place of residence of family were noted. Respondents were also requested to rate their verbal communication skills.

Data Analysis

Descriptive statistics and reliability coefficient for internal consistency of sub scales were measured with SPSS version 16.

Ethical Considerations

The study was approved by the Institutional Ethics Committee of Guntur Medical College. The respondents were given a broad outline of the objectives of the study, anonymity was maintained, and the students were free to either participate or refuse to do so.

RESULTS

Among 151 student respondents, males were (29.1%) and females were (70.9%).Most of them 41.7% were residents of cities, (33.1%) from small towns and (23.2%) were from villages. The occupation of the fathers of respondents related to health was (7%) and occupation of mothers related to health was(4%) and (75%) were home-makers.

Table 1: Mean Scores of Sub-Scales of CSAS among Respondents

Characteristic	PAS(Positive Attitude Scale)	NAS (Negative Attitude Scale)
Gender		
Male	57.71	37.17
Female	49.96	36.67
Occupation of Father		
Health related	44.6	33.9
Others	41.8	36.5
Occupation of Mother		
Health related	46.7	35.1
others	47.7	35.1
Home maker	46.5	36.2
Self-Reported Verbal Communication-Skills		
Excellent	50.68	39.37
Good	50.55	36.44
Average	49.63	37.11
Poor	47.75	36.44

The mean PAS score was 49.98 (maximum possible score being 65) and the mean NAS score was 36.81 (maximum being 65) among respondents. The negative scores were found to be low in respondents with health related working parents.

The reliability coefficient for each subscale of CSAS was calculated using Cronbach's alpha. The coefficient for PAS was 0.732 while that for NAS was 0.369.

DISCUSSIONS

The majority of the respondents in the present study were between 18 to 20 years of age. Majority of students (53.9%) who hailed from metro cities had self-reported verbal skills as good in this study, which correlates with the findings of the study conducted in Caribbean medical school⁽⁷⁾.

In a previous study conducted at a medical school in Nepal, the mean PAS score was 51 which is higher than that reported in our study⁽⁸⁾. The mean NAS score was 31.17 which was lower, that reported in the present study. Male students had more positive scores.

Cronbach's alpha for PAS was high while that for NAS was low. Rees and coworkers had calculated a Cronbach's alpha of 0.87 for PAS and 0.80 for NAS⁽⁶⁾. In a study by Harlak and others Cronbach's alpha was 0.90 for PAS and 0.65 for NAS⁽⁹⁾.

The focus of this study is on measuring aspects of the affective domain of Bloom's Taxonomy. This domain consists of attitudes, values, motivation, and feelings toward the information a person is learning. As with the other domains, the affective domain is hierarchical.

CONCLUSIONS & RECOMMENDATIONS

In the present study, students overall had a positive attitude towards communication skills but negative attitudes should also be considered and dealt with. There should be a concerted effort to change these negative attitudes of students by improving the teaching and assessment strategies of the communication curriculum. Teaching communication-skills throughout the medical curriculum may be worthwhile and it is necessary that students with problems in communication are detected early.

Though the chapter on 'Communication for Health Education' was dealt in the syllabus of Community Medicine, Interventions targeting affective learning of communication skills, in conjunction with cognitive and behavioral training, need to be developed in the beginning of the medical-course, to help under-graduate medical students, understand the importance of communication and the complexity of communication issues in health care.

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